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2292	7590 07/06	/2010	11					
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							(Date)	
APPLICATION NO.	FILING DATE	FILING DATE		OR	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/578,324	12/29/2006		Marko Kolari		0696-02	238PUS1	6642	
TITLE OF INVENTION: METHOD FOR MONITORING THE PRESENCE OF B IOFIL MEORMING M ICROORGANISMS IN PAPER INDUSTRY BIOFILM-FORMING								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TO	TAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$0 \$1810		10/06/2010	
EXAMI	NER	ART UNIT	CLASS-SUBCLASS					
SINGH, SATYENDRA K		1657	435-032000					
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Birch, Stewart, Kolasch & Birch, LLP					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) KEMIRA OYJ Helsinki, FINLAND Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government								
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies four (4)			 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form). 					
5. Change in Entity Stat a. Applicant claims	us (from status indicate SMALL ENTITY state	•	☐ b. Applicant is no	longer claiming SMA	LL ENTITY	status. See 37 Cl	FR 1.27(g)(2).	
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Authorized Signature	RIA	J# 28	781	Date	OCT 42	2010		
Typed or printed name	Serald M. Murp		Registration	_{No.} 28,97	77			
submitting the completed	application form to the ons for reducing this building in 22313-1450. DOI 13-1450.	rden, should be sent to the NOT SEND FEES OR	depending upon the fluid control of the Chief Information Of COMPLETED FORMS	ficer, U.S. Patent and TO THIS ADDRES	I Trademark (SS. SEND TO	Office, U.S. Dep : Commissioner	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, annumber.	